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ABSTRACT

These two manuals from the Pokie Days Child Care Program for Mildly Ill Children in Sarasota, Florida, were developed as part of a project intended to make it easier for single parents to attend classes funded under the Job Training Partnership Act. Following a brief description of the project, the first manual outlines standards of care for working with young children who have mild cases of one or more of the following health problems: diaper rash, diarrhea, vomiting, seizures, poisoning, elevated temperature, and skin problems. Safety procedures and procedures for administering medication are also detailed. The guide concludes with a list of telephone numbers of emergency services, pediatricians, and family practitioners in the Sarasota area. The second publication in the package is a policy and procedural manual containing guidelines and forms for use in maintaining appropriate records concerning the following: registration, discipline policy, student assessment, student progress, student medications, unusual incidents, fire drills, personnel, and attendance. A program guide for parents of potential enrollees is also included. It contains information on why the center was established, who can attend, fees, alternative sources of care for children too ill to attend the center, center procedures when children's conditions deteriorate during the day, the qualifications of caregivers at the center, the center's acceptance procedures, items that parents need to bring to the center from home, special services available for infants, and the center's schedule of activities and discipline policies. (MN)

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ED285039

FINAL REPORT
PROJECT NO. DVE 7-3D05
FROM JULY 1, 1986 to JUNE 30, 1987

SINGLE PARENT--SICK CHILD CARE

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ACKNOWLEDGEMENTS

A special thanks to Joyce Brown, Home Economics Program Director at Sarasota County Vocational-Technical Center, who has the knowledge, the contacts, and the network to put into place a program for mildly-ill children.

The Standards of Care and Policy and Procedure Manual included with this report are the direct result of Joyce's willingness to assist with this project. This manual is currently being used by Sarasota Memorial Hospital's new sick child care program--"Kids Under the Weather."

Joyce sought out insurers to provide both general liability and accident/health coverage--not an easy task, as potential insurers had no experience record regarding a mildly ill child care program.

Joyce Brown's assistance was invaluable throughout this project. She was always there when needed. Thanks, Joyce!

ABSTRACT

Daily attendance is essential, but difficult to achieve for single parents whose children are too ill to go to day care or school. A business education class composed of students who are AFDC recipients prompted the request for funds to care for mildly-ill children. When the "Pokie Days Program" opened April 22, 1987, it was limited to the children of the AFDC participants. The child care facility was eventually made available to all our students receiving JTPA assistance.

The project had the sole objective of increasing the attendance of single parents in class by providing care for their mildly ill children. Child care was available Monday through Friday from 7:30 a.m. to 3 p.m. at a church facility across the street from the school. The facility was staffed by a registered nurse for 49 days with children for 21 days. Thirteen single parents benefited from these services, gaining a total of 378 hours of classroom time.

The highlights of the project are several:

(1) The need for sick child care in the community was recognized and provided for by Sarasota Memorial Hospital.

(2) Standards of care and procedures were developed through this project which will be used by others; namely, Sarasota Memorial Hospital, a church in Tampa, a church school in Monroe, LA, and the Public Health Departments in Sarasota, FL, and Columbia, SC.

(3) Students attended 378 hours of class, which would not have been otherwise possible.

(4) Mildly-ill children received medical attention and competent care.

(5) The need for sick child care is being recognized by the state legislature, and

(6) The need for liability and accident insurance will be addressed by several insurers.

Educationally, the significance of this project is yet to be felt, but pioneers are necessary to blaze the way for others to follow, which is the most significant accomplishment.

This project was submitted late in the fiscal year, and it was anticipated that the monies would be received for use in January; unfortunately, funds were not available until the first of April--much too late in the project year to achieve a significant increase in the attendance of the single parents. Regardless of the attendance record, this project was a success because of the children served, the materials developed, the assistance provided other organizations, and the spreading awareness of the program in the community, state, and nation.

INTRODUCTION

This report is about the beginning of an answer to the single parent's dilemna--a sick child. A child who is too ill to be accepted into day care or to go to school requires care, which has not been available in our community unless the parent has a strong support system readily available. We were seeking an answer to this problem so the parents would not miss valuable classroom time.

A contract with our local Industry Council to train thirty (30) AFDC/WIN clients for employment in various office occupations made us acutely aware of the problem. These students were missing many days of class due to sick children. The only facility available for care for sick children was the local hospital, who were restricting the care available to employees' children.

Our target population was the 30 single parents enrolled in business education with a total of 55 children. Receiving the monies so late in the project year put us into better weather and consequently less illness among the children of the 30 parents. We opened the child care facility to all our JTPA students on May 12, 1987, which increased our targeted population substantially, but did not significantly increase the attendance.

The objective of increasing the attendance of single parents in class by providing care for their sick children was met as 378 hours of class time were gained. If monies had been available throughout the project year, more than 10,000 hours of class time would have been gained.

METHODS

This project was conceived to meet a pressing need of our students--care for their children who were too ill to attend day care or school. Once the project was approved, work was begun to seek a facility to house this unique day care program. Facilities with existing rooms equipped for child care and in close proximity to the Vocational Center were given the opportunity to participate. The Beneva Christian Church on the opposite corner from the Vocational Center was selected because of its location, existing facilities, and the interest expressed by the ministers.

The monies were received in the district on April 1 and work was begun in earnest. Interviews were held and a pediatric nurse was selected to be in charge of the facility, as well as an additional person to serve as a backup to assist when needed. As there was not enough time in the project year remaining to secure a license, the center was restricted to no more than five children at a time, which was to be decided on a first come, first served basis.

Our advisory committee of seven members stood ready to serve individually or collectively as the need arose. Janice Sean, child care instructor at the Vocational Center; Nancy Tolsma, RN with the Sarasota County Health Unit; Donna Scott, church member and backup helper; and Barbara Davis, RN in charge of the "Pokie Days Child Care Program" worked long hours to adequately equip the existing facility at the Beneva Christian Church.

These same individuals developed the attached (Appendix A) Standards of Care and Policy and Procedure Manual with forms appropriate for use in a child care center for the mildly ill child.

An open house was held for the parents to visit the facility and Barbara Davis met with the students in their classroom to distribute the attached (Appendix B) Parental Handout and to answer any questions. In addition to the daily care, Barbara had the opportunity to do some teaching with the families regarding child care as well as making the parents aware of other community agencies who offer assistance.

One of the more difficult tasks was securing appropriate insurance. This was unheard of--a child care center for mildly ill children. Much time was spent locating an agency willing to insure the risks. A general liability and an accident policy was purchased from Brown & Brown, Inc. in Daytona Beach. The general liability was underwritten by Casualty Indemnity Exchange and the special risk accident policy by Hartford Accident and Indemnity Company.

As the second month of operation began, Barbara started receiving calls from nurses, doctors, and community agencies who were interested in the program because of the many contacts they had with parents needing such a service. Unfortunately, we were not able to accommodate those not covered under the project.

RESULTS AND FINDINGS

Attendance was increased by 378 hours, not an impressive amount, but to judge the success of this project on that figure would be sheer folly. The time frame in which we worked must be considered. The spring of the year is generally a rather healthy time in our area. The census at Sarasota Memorial Hospital in their Pediatric Unit was down considerably and the day care centers reported few absences. The Vocational Center's attendance records indicate that over 10,000 hours of classroom time would have been gained had the project been in operation for its full year.

Besides the direct care given 21 children, the development of the attached handbook (Appendix A) is having a significant impact, not only in Sarasota County, but in other areas as already mentioned. Local calls from others needing the service attest to the fact that we brought to the forefront a need that is prevalent in today's society--working parents/students need help when their children are ill.

The grant amount of $16,588 was spent in the following manner:

Staff payroll	$3,602.50
Facility usage	5,765.47
Supplies and materials	2,352.03
Insurance	1,358.75
Indirect cost to school district	688.00
Monies returned	2,821.25

The highlights of this project are enumerated in the Abstract on page 1. To achieve a significant increase in classroom hours the project would have had to have been in operation during the winter months. Although the gain in classroom hours was small, the impact of this project is HUGE! The spreading awareness of the need by others is gratifying and will eventually have a significant impact on not only our community, but many others across the nation as well.

APPENDIX A

POKIE DAYS CHILD CARE PROGRAM
FOR MILDLY ILL CHILDREN

SARASOTA COUNTY VOCATIONAL CENTER
4748 Beneva Road
Sarasota, FL 33583
Shirley Stacey, Program Director
Joyce Brown, Program Director

POKIE DAYS CHILD CARE PROGRAM
for MILDLY ILL CHILDREN

STANDARDS OF CARE MANUAL

Barbara Alice Davis RN, BSN
Nancy Lee Tolsma RN, BSPM
Effective Date April 1987

STANDARDS OF CARE

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DIAPER RASH

PROBLEM:

Reddened and/or excoriated skin in the child's diaper area.

CARE:

1. Wash child's diaper area with soap and water after each voiding and bowel movement. Rinse the area well and pat dry.

2. When the child is up, apply a protective cream, if parents have supplied cream and noted on medication authorization card, to the area and keep covered with diaper or pants.

3. When the child is put down for a nap, wash off the protective cream and leave the area exposed to the air. A light blanket may be put over the child.

4. Check the child frequently for any elimination.

5. Avoid orange juice or acidic foods. Do not use scented wipes or disposable diapers on the child.

6. Talk with the parent about continuing these procedures at home.

Pokie Days Child Care Program For Mildly Ill Children
Sarasota Vocational Center/Beneva Christian Church
Barbara Alice Davis RN/Nancy Lee Tolsma RN
Effective Date April 1987

DIARRHEA

Often the cause of diarrhea is hard to determine. It may be an infection, food allergy, overfeeding, emotional excitement or fatigue. The cause of diarrhea does not necessarily influence the potentially dangerous course of events as much as the severity and the duration of the diarrhea itself.

PROBLEM 1:

Potential for the rapid deterioration of the child's condition.

CARE:

1. Make frequent observations of the child and be aware of the changes in his/her condition.
2. Note the activity and behavior of the child at intervals.
   a. Eating and restful sleep indicates feeling pretty good.
   b. Crying and legs drawn up onto abdomen indicates pain.
3. Note stool color, consistency, odor, abnormal contents (blood, mucus, undigested food).
4. Note urinary output - frequency of voiding, the amount (small, moderate, large), color and smell (dark, light, strong or sweet).
5. Note any vomiting - frequency and characteristics.
6. Call parent and have them notify their Pediatrician immediately if signs of dehydration develop, or if there is blood in the stool.
   a. Increase in frequency of diarrhea (3 times) or large amounts.
   b. Increased irritability or restlessness.
   c. Decrease in urinary output.
   d. Drying mucus membranes in mouth.

PROBLEM 2:

Potential dehydration due to excessive loss of water and electrolytes in repeated unformed stools.

CARE:

1. Stop all formula, milk and solid foods.
2. Give clear liquids only - ice pops, soda ½ strength, apple juice, Gatorade, Pedialyte, Jell-O water (not red which turns stools red like blood).
3. Keep track of the amount of fluids consumed and the relationship to any stooling.
4. Instruct the parents to advance to ½ strength formula after 24 hours and then to add starchy foods (toast, mashed potatoes, rice, mashed bananas and applesauce).
5. If the child tolerates this for 24 hours, parents may advance their diets slowly as the symptoms subside.
6. Continued stooling should be reported to the child's Pediatrician and the parent should be so instructed.

Pokie Days Child Care Program For Mildly Ill Children
Sarasota Vocational Center/Beneva Christian Church
Barbara Alice Davis RN/Nancy Lee Tolsma RN
Effective Date April 1987

PROBLEM 3:

Potential for the excoriation of buttocks and perineum due to the frequent stooling.

CARE:

1. Wash child's diaper area with soap and water after each voiding and bowel movement. Rinse the area well and pat dry.
2. When the child is up - apply a protective cream (if parents have supplied cream and noted on medication authorization card) to the area and keep covered with diaper or pants.
3. When the child is put down for a nap - wash off the protective cream and leave the area exposed to the air. A light blanket may be put over the child.
4. Check the child frequently for any elimination.
5. Avoid orange juice or acidic foods. Do not use scented wipes or disposable diapers on the child.
6. Talk with the parent about continuing these procedures at home.

PROBLEM 4:

Irritability due to diarrhea, nausea and/or hunger.

CARE:

1. Comfort child with TLC measures - hold him, talk to him, rock him and sing to him.
2. Allow child to assume the position which is most comfortable for him.
3. Provide suitable toys or activities.
4. Offer frequent small amounts of room temperature fluids.

PROBLEM 5:

The potential for the spread of diarrhea among staff members and other children. Handwashing and the proper disposal of body wastes is the most important factor in the spread of germs.

CARE:

1. Wash hands with surgical soap both before and after attending to a child with diarrhea.
2. Change cover on changing pad and dispose of it in covered waste paper pail along with disposal diapers and other body wastes.
3. Changing table is to be cleaned immediately after caring for child in that area.
4. Choose toys that are readily cleaned for the child to use. Keep these toys separate from the other children.
5. Equipment used by any child with diarrhea needs to be disinfected as soon after he/she is finished with it and allowed to air dry.
6. Any spread of diarrhea among children, their families and/or staff members should be reported to Sarasota County Health Department as soon as possible.

Pokie Days Child Care Program for Mildly Ill Children
Sarasota Vocational Center/Beneva Christian Church
Barbara Alice Davis RN/Nancy Lee Tolsma RN
Effective Date April 1987

VOMITING

Often the cause of vomiting will not be known. It may be an infection, food allergy, overfeeding, emotional excitement. It is important to remember that the cause itself may not influence the potentially dangerous course of events as much as the severity and duration of the vomiting itself. Children change rapidly so it is important to note these changes early and to seek additional medical management as soon as possible.

PROBLEM 1:

Potential for dehydration due to fluid and electrolyte loss due to vomiting.

CARE:

1. Check the child frequently for any signs or symptoms of dehydration.
   a. Decrease in urinary output.
   b. Crying without tears.
   c. Drying mucus membranes in the mouth.
   d. Increased irritability or restlessness.
   e. Rapid shallow breathing.
2. Note the activity and behavior of the child at regular intervals - at least every half hour.
3. Call parent and have them notify their Pediatrician immediately if any of the signs of dehydration develops, if the child cannot retain any fluids in a 2-hour period, if the vomiting becomes projectile in nature or if there is any blood or fecal smell to the vomitus; or if abdominal pain develops.
4. Offer the child frequent small amounts of clear liquids like soda, apple juice, Gatorade, ice pops or Jello water (not red). Give ½ to 1 ounce every 15 minutes. Advance amount slowly as the child tolerates.
5. Record the amount of fluids taken by the child every hour.
6. Record the child's urine output (amount = small, moderate, large). Be sure to note if there is a change in color or odor of urine.
7. Estimate and note the volume and characteristics of the vomitus.
8. May offer small amounts of dry crackers or toast if the child is hungry.
9. Instruct the parents to adavnce the child's diet after 24 hours to include ½ strength formula or milk, chicken broth, boiled chicken, potatoes, plain noodles, rice, applesauce. If the child tolerates this after another 24 hours the parents may advance to their child's regular diet avoiding spicy foods as well as orange juice, tomatoes, fried foods and butter until the child is well.
10. Instruct the parents to notify their Pediatrician immediately if the child begins to vomit again or refuses food or fluids for several hours.
11. Record all instructions on the child's progress sheet.

Pokie Days Child Care Program For Mildly Ill Children
Sarasota Vocational Center/Beneva Christian Church
Barbara Alice Davis RN/Nancy Lee Tolsma RN
Effective Date April 1987

PROBLEM 2:
Irritability due to vomiting, nausea and/or hunger.

CARE:
1. Comfort child with TLC measures - hold him, rock him, sing to him.
2. Allow child to assume a position that is most comfortable for him.
3. Provide suitable toys and activities as well as adequate rest periods.

PROBLEM 3:
Potential for the rapid deterioration of the child's condition.

CARE:
1. Make frequent observations of the child and be aware of any changes in his/her general condition.
2. Call the parent if there is any question about changes in the child's condition and have them notify their Pediatrician.

SEIZURE

Seizures may occur in response to a sudden elevation in a child's temperature or for no readily apparent reason. It is most important to keep the child free of injury and to maintain an adequate airway until additional help arrives.

PROBLEM 1:

Potential injury due to uncontrolled activity and blockage of the child's airway due to the temporary loss of the gag reflex.

CARE:

1. Turn child onto his side so that saliva will drain out of his mouth. This also allows the tongue to fall forward and clear the child's airway.
2. Loosen tight clothing.
3. Remove objects from the immediate area that might cause the child injury (hard toys).
4. DO NOT put anything into the child's mouth or attempt to restrain him in anyway.

   The use of objects to keep child's mouth open will cause more damage to the teeth and mouth and serves no purpose if the child is properly positioned onto side far enough over so saliva will drain from his/her mouth.

   Attempting to hold the child's limbs tight against his body may cause a joint to become dislocated due to the strenuous muscle activity involved in a seizure.

5. Place child in bed after the seizure with a light cover.
6. Notify the child's parent and have them taken to their Pediatrician immediately.

   If the seizure continues for a period of time or the child's color is poor, or if the seizure is followed by another, call the Emergency Rescue Number. Do not leave the child unattended at any time.

Pokie Days Child Care Program for Mildly Ill Children
Sarasota Vocational Center/Beneva Christian Church
Barbara Alice Daves RN/Nancy Lee Tolsma RN
Effective Date April 1987

SEIZURE

PROBLEM 2:

Documentation of the seizure activity to provide the child's Pediatrician with adequate information.

CARE:

1. Note how long the seizure activity lasted.
2. Note child's behavior and activity before the seizure. Record their behavior after the seizure - type of speech, coordination, weakness of any sort, sleeping after the attack.
3. Note the types of movements observed (body stiff, twitching, jerking motion).
4. Note which extremities were involved - site where the twitching began, areas of involvement, was the child incontinent, did his color change any, was there any vomiting or foaming at the mouth?
5. Have the Pokie Days' progress record filled in to go with the child to the Pediatrician.
6. If the child is old enough, ask him how he felt before the seizure and what he remembers regarding the seizure. Note this on the progress record.

POISONING

All medications and cleaning materials are to be stored in their original containers in an upper cupboard in a locked container.

PROBLEM 1:

Potential disturbance of bodily functions, damage to tissue and possibly death due to the ingestion of a harmful substance.

CARE:

1. Immediately call 911 and ask for Poison Control for specific instructions regarding the treatment of the poisoning. Have the original container available if possible. DO NOT INDUCE VOMITING UNLESS ADVISED TO BY THE POISON CONTROL CENTER.
2. If Poison Control Center instructs you to induce vomiting - give the child one tablespoon (15cc) of Ipecac syrup. Follow this with one glass of warm water - more if possible. Transport the child to the nearest medical facility as soon as parent arrives. Send a large bucket with the child and instruct the parent to save any vomitus for analysis.
3. Be sure to send any vomitus or urine for analysis with the child to the hospital.
4. Send the container of ingested substance along with the child to the hospital if at all possible.

PROBLEM 2:

Potential damage to tissues and possible absorption of harmful chemicals into the body and disturbance of bodily functions due to the topical contamination of the skin or eyes with a harmful substance.

CARE:

1. IMMEDIATELY flush the area of contamination with water for approximately 15 minutes. If the eye is involved it may be necessary to hold the child's eyelids open to properly flush the eye.
2. Call 911 and ask for Poison Control Center and obtain specific information regarding the treatment of this type of poisoning.
3. Notify the parent immediately and have them contact their Pediatrician from the Center.
4. Follow the instructions of the Poison Control Center until the parent arrives and is ready to transport the child to the facility designated by the Pediatrician.

TEMPERATURE

Early symptoms of serious infections are generally vague and subtle with younger children. It is important to observe the child closely for any of these changes and to have the parent seek additional medical management when they are present. Look for a general decrease in activity, general lack of vigor, a reluctance to feed or a refusal to feed, a pale color or a decrease in muscle tone. It is important to stress the need for prompt medical follow-up if any of these signs are present.

PROBLEM 1:

Potential for dehydration due to the increased fluid loss with a fever.

CARE:

1. Offer clear fluids every half hour while the child is awake, ½ strength juices, Jello water (not red), ice pops.
2. Do not give the child milk or formula while the temperature is above 100 degrees.
3. Note the amount of fluid the child is taking in. Note the amount of urine the child is putting out.
4. Call the parent and have them notify their Pediatrician immediately if signs of dehydration occur. (Decrease in urinary output, crying without tears, drying mucous membranes in the mouth, increased irritability or restlessness, increased lethargy).

PROBLEM 2:

Potential for the child to become tired, uncomfortable and irritable due to the fever.

CARE:

1. Confine the child to bed or quiet activities while the temperature is up.
2. Keep the room cool, quiet, and dark.
3. Provide light clothing and bedding.
4. Monitor and record the child's temperature every 2 hours or more frequently as indicated by their general condition. Rectal temperature for under 3 years.
5. If temperature suddenly goes over 101 degrees, notify the parent and have them notify their Pediatrician for additional care.
6. The Center will not accept a child with a temperature over 101 degrees.

PROBLEM 3:

Potential for seizure due to the irritation of the child's brain.

CARE:

1. Monitor the child's temperature every two hours or more frequently as indicated by child's general condition.
2. Notify parent and have them notify their Pediatrician if early signs of seizures develop: increased irritability, tremors, staring, sudden fits of screaming.
3. Notify parent and have them notify their Pediatrician if the child's temperature goes over 101 degrees.
4. If child's temperature suddenly and quickly begins to rise - remove as much clothing as possible, keep child in a cool room and continue to monitor the child's temperature. If it continues upward, wrap the child in a towel wrung out with tepid water after placing cool washcloths under the child's armpits and his/her groin. Then have the parents transport the child to the facility indicated by the Pediatrician.

MEDICATION

RATIONALE:

To provide a standardized method of administering medications to each individual child in a safe and timely manner.

A positive approach will be used to show the child that we expect the child to take his/her medication. This manner will in itself often convince the child of the necessity of taking their medication.

A truthful approach will be used at all times. If the child asks if it tastes good, stress the positive: for example, "It doesn't taste very good, but it will help you to feel better." Children should never be told that medication is candy. Threats or rewards should be avoided at all times.

PROCEDURE:

1. All medications are to be brought to the Pokie Days Program with the child by the parent. Staff members will accept only those medications that are in their original bottles and properly labeled as to the child's name, the amount to be given, the method to be used to give the medication and the frequency of administration.
2. Staff member will check with the parent as to any special procedure in administering medications to their child.
3. Staff members will have the parent complete the Medication Administration card and check the same for completeness.
4. Medications are to be stored in the red-topped medication containers in either the refrigerator or the locked cupboard.
5. Staff members will wash their hands before administering medications.
6. All medications will be administered at the time prescribed. Allow one hour leeway before and after the scheduled time so that the child's rest will not be disturbed.
7. Check the child's medication card for the proper drug and dosage.
8. Measure medications carefully. Use medication cup or syringe as indicated by child's parent.
9. First give pills with water, then give liquids with water.
10. Make sure that the child has swallowed his medication.
11. Offer additional fluids after the medications.
12. Do not leave medications on the countertop. All medications should be returned to the storage boxes as soon as poured.
13. After administering the medication be sure to sign the Medication Administration form and the child's progress report.
14. Notify the child's parent of any problems regarding the medication.
15. Remind the parents of the importance of administering the medication as prescribed for the full length of time for which it has been prescribed, even if the child is feeling better.
16. Re-enforce the importance of storing medications and other hazardous materials out of reach, preferably in a locked cupboard.

Pokie Days Child Care Program For Mildly Ill Children
Sarasota Vocational Center/Beneva Christian Church
Barbara Alice Davis RN/Nancy Lee Tolsma RN
Effective Date April 1987

SAFETY

PROTECTION FROM MECHANICAL INJURY:

Side rails on cribs are to be kept in their full upright and locked position at all times.

Sides of playpens are always to be kept in their full upright and locked position.

Children are always to have on restraints while in highchairs, infant seats and infant swings. If three point restraints are available these are to be used. If only lap belts are available, these will be used and an additional tie will be made from a cloth diaper which is tied around the child's waist and the back of the chair or swing.

Toys will be inspected during each day's cleaning to assure that there are no sharp or broken pieces. Toys which cannot be fixed will be discarded as soon as possible.

Rooms will be kept as uncluttered as possible with toys picked up when not in use, chairs under tables and floor swept as needed.

PROTECTION FROM ELECTRICAL SHOCK:

All wall plugs are to be kept capped with safety covers.

Electrical equipment is to have cords that are properly grounded.

All electrical equipment will be checked during the weekly cleaning and frayed cords or other problems should be corrected. If problem cannot be corrected, then that piece of equipment should be removed and replaced immediately.

All electrical equipment will be kept away from sources of water. No electrical equipment will be handled by anyone with wet hands.

All electrical cords should be kept back away from edges of counters where children might reach them. When possible, cords should be placed along back of counter and secured in some manner.

No electrical equipment is to be used without the direct guidance of a staff member. Children will not be left alone when electrical equipment is in use.

SKIN PROBLEMS

	Fever	Itching	Elevation	Color	Location	Duration	Other
Prickley Heat	No	Sometimes	Slightly raised dots	white or red dots, surrounding skin may be red.	Trunk, neck skin folds on arms and legs	until controlled	
Diaper Rash	No	No	Only if infected	Red	Under Diaper	until controlled	
Impetigo	Sometimes	Occasionally	Crusts on Sores	"Golden crusts on red sores"	Arms, legs, face first, then most of body	until controlled	
Ringworm	No	Occasionally	Slightly raised rings	Red	Anywhere, incl. scalp & nails	until controlled	flaking, scaling
Hives	No	Intense	Raised with flat tops	Pale raised lesions, surrounded by red	Anywhere	Minutes to days	
Poison Ivy	No	Intense	Blisters are elevated	Red	Exposed Areas	7-14 days	Oozing, some swelling
Eczema	No	Mod. to Intense	Occasional blisters when infected	Red	Elbows, wrists, knees, cheeks	until controlled	Moist, oozing
Acne	No	No	Pimples, cysts	Red	Face, back, chest	until controlled	Blackheads
Athlete's Foot	No	Mild to Intense	No	Colorless-red	Between toes	until controlled	Cracks, scaling, oozing blisters

	Fever	Itching	Elevation	Color	Location	Duration	Other
Cradle Cap Dandruff	No	Occasionally	Some Crusting	White to yellow to red	Scalp, eyebrows, behind ears, groin	until controlled	Fine, oily scales
Chicken Pox	Yes	Intense during pustular stage	Flat, then raised, then blisters, then crusts	Red	May start anywhere Most prominent on trunk and face	4-10 days	Lesions progress from flat to tiny blisters, then become crusted
Measles	Yes	None to mild	Flat	Pink, then Red	First face, then chest and abdomen then arms/legs	4-7 days	Preceded by fever, cough red eyes
German Measles (Rubella)	Yes	No	Flat or slightly raised	Red	First face, then trunk, then extremities	2-4 days	Swollen glands behind ears. Occ. joint pain in older children
Fifth Disease	No	No	Flat, lacy appearance	Red	First face, then arms/legs then rest of body	3-7 days	"Slapped cheek" appearance Rash comes and goes
Roseola	Yes	No	Flat, occasionally few bumps	Pink	First trunk, then arms/neck very little on face/legs	1-2 days	High fever for 3 days, disappears w/rash
Scarlet Fever	Yes	No	Flat, feels like sandpaper	Red	First face, then elbows. Spreads to entire body in 24 hrs.	5-7 days	Sore throat. Skin peeling after, esp. palms

Source: Toronto Sick Children Hospital

M E D I C A L R E F E R E N C E S

EMERGENCY PHONE NUMBERS

FIRE & AMBULANCE	911
POISON CONTROL	911
POISON CONTROL at Sarasota Memorial	953-1332
SARASOTA HEALTH DEPT	365-2020
ABUSE REGISTRY	1-800-342-9152
SPOUSE ABUSE & RAPE CRISIS	366-1976
SARASOTA MEMORIAL	955-1111
DOCTOR'S HOSPITAL	366-1411

PEDIATRICIANS:

Selma Coutinho MD	923-3667
Frank D'Andrea MD	923-3667
Howard Fuchs MD	923-3495
Kenneth Gordon MD	955-6010
N. Horvat MD	923-1809
Jerome Issac MD	365-7362
Jacqueline Kelly MD.	366-3000
Ted Meyer MD	365-5898
William Morgan MD.	365-3232
Herbert Roffman MD	366-6400
Doctora Seguerra MD.	493-3282
	957-3862
Robert Shamsey MD	366-3000
Robert Weiss MD	366-3000
Phyllis Yonker MD	366-2002

FAMILY PRACTICE:

John Carlson	366-3626
Harry Foungs	365-1911
Michael McBride.	955-3225
William Mitchell	366-7727
Randy Powell	365-9144
Leonard Schwartzbaum	923-5882
Harry Specht	366-6210
John Steele	921-7419
John Sullivan	365-2918

INTERCOM:

Nursery	21
Leslie	25
Mary Pat	24
Ed	22
Kitchen	20

POKIE DAYS CHILD CARE PROGRAM
FOR MILDLY ILL CHILDREN

POLICY AND PROCEDURE MANUAL

Barbara Alice Davis RN, BSN
Nancy Lee Tolsma RN, BSPM
Effective Date April 1987

POLICY AND PROCEDURES

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REGISTRATION INFORMATION

PURPOSE: To establish guidelines to insure the safety of each child while they are at the facility and to have documented information on each child.

GUIDELINES: To provide the Pokie Days Child Care Program with a preregistration information data basis on all qualifying children.

1. This form must be completed in its entirety and on file before any child may be considered for acceptance into the program.

2. The Program's brochure will be given to each parent upon the completion of the registration form.

3. The Alternate Nutrition Statement will be reviewed with each parent.

4. The form will be reviewed by the Pokie Days Child Care Program staff member and signed and accepted only if all information is completed and the parent has signed.

5. This form will be placed in a child's individual file and maintained indefinitely.

Pokie Days Child Care Program for Mildly Ill Children
Sarasota Vocational Center/Beneva Christian Church
Barbara Alice Davis RN/Nancy Lee Tolsma RN
Effective Date April 1987

POKIE DAYS CHILD CARE PROGRAM

CHILD REGISTRATION FORM

PLEASE PRINT PLEASE ANSWER ALL QUESTIONS

Child's Legal Name:_____
(First) (Middle) (Last)

Date of Birth:_____
(Month) (Date) (Year)

Preferred Name:_____

Current Home Address:_____
(Number) (Street Name) (City) (Zip Code)

Home Telephone Number:_____

****

Mother's Name:_____Occupation_____

Home Address:_____Telephone #_____

School or Employer's Name_____

Program (If school)_____

School or Employer's Address:_____

School or Work Telephone #:_____

****

Father's Name:_____Occupation_____

Home Address:_____Telephone #_____

School or Employer's Name:_____

School or Employer's Address;_____

School or Work Telephone #:_____

****

Are you able to be reached at your School or place of Employment during the hours that your Child is at our Facility?_____Yes_____No.
If No...Please indicate the telephone numbers or instructions where we may reach you:_____

_____

_____

Child's Physician's Name:_____
Physician's Address:_____
Physician's Telephone #:_____
Preferred Hospital:_____
Who usually cares for your child?_____

Please list below person(s) we may contact who are authorized by you, who can assume responsibility for your child if for some reason you the parent(s) cannot be reached immediately in an emergency situation (other than parents).

Name Address Telephone Number

(1)_____
(2)_____

(Over)

Please list those person(s) authorized by you to take the child from the facility (other than parents).

Name	Address	Telephone Number
(1)		
(2)		

Is there anything else that we should know about your child? (Allergies, medical problems, fears, dislikes)

_____

_____

****

I give Pokie Days Child Care Program permission to consult the physician named (or health resource) in case of an emergency if I cannot be reached.

****

ALTERNATE NUTRITION STATEMENT: I understand that since I am providing my child's lunch or meal during the time period which he/she is at the facility, I am responsible for meeting my child's nutritional needs according to present recognized nutritional standards. If a MODIFIED DIET is prescribed by a physician, I understand that I am responsible for providing copies of the physician's order, the diet, and a sample meal plan, which will be placed in my child's record. I also understand that POKIE DAYS CHILD CARE PROGRAM will offer nutritious snacks throughout the day and will encourage a variety of liquids during the day.

DISCIPLINE PHILOSOPHY OF POKIE DAYS CHILD CARE PROGRAM: I have been notified in writing and am in receipt of a copy of the Facility's Disciplinary Practices.

_____ _____

(Parent/Guardian Signature) (Date Form Completed)

I have reviewed the registration form and found it to be completed with all necessary information as indicated:

_____ _____

(Director's Signature) (Date)

Pokie Days Child Care Program for Mildly Ill Children
Sarasota Vocational Center/Beneva Christian Church
Barbara Alice Davis RN/Nancy Lee Tolsma RN
Effective Date April 1987

DISCIPLINE PHILOSOPHY

PURPOSE: To establish the guidelines to insure the safety of the children while at the facility in regard to their unacceptable behavior.

GUIDELINES: To provide the staff members and the parents with a written policy regarding the discipline that will be employed by ALL staff members at the Pokie Days Program.

1. All staff members will review the discipline philosophy.
2. Children will not be subjected to discipline which is severe, humiliating, or frigntening.
3. Discipline will not be associated with food, rest or toileting.
4. Spanking or any other form of physical punishment will not be used in the program.
5. Parents will be given a copy of the Program's Discipline philosphy at the time of registration along with a copy of the Program's Handbook.
6. Staff members will answer any questions the parents have.

Pokie Days Child Care Program for Mildly Ill Children
Sarasota Vocational Center/Beneva Christian Church
Barbara Alice Davis RN/ Nancy Lee Tolsma RN
Effective Date April 1987

POKIE DAYS CHILD CARE PROGRAM

DISCIPLINE PHILOSOPHY

DISCIPLINE is not just a word or set of rules--it is a whole climate in working with children. Good discipline is letting the children see we care enough about them to provide good, clear rules for their own safety and protection.

WE realize that since your child is ill, he/she may behave differently than they normally do. However, they still need to have the firm guidance of an adult to provide an atmosphere where they feel secure enough to be themselves.

CHILDREN have the right to expect affectionate care, reasonable order, and security even when they are ill. It is important that they know what is expected of them.

DISCIPLINE is not the same as punishment, and disciplinary action depends on the age of the child and the nature of the child's actions.

WE believe in positive re-enforcement of a child's good behavior. Reasoning, appropriate for their age, with a child will usually suffice in the case of unacceptable behavior. There may be a time when a child needs to be separated from the group to divert his/her attention This "TIME OUT" will be very limited and will allow the child to relax and then rejoin the group.

ASSESSMENT FORM GUIDELINES

PURPOSE: To establish guidelines to insure the safety of the children and staff while attending the program.

GUIDELINES: To provide the Pokie Days Program with a data basis on which to make the decision as to accept or reject the child's admission into the program.

1. Parent is to complete Section A of form upon arrival at the program.
2. While parent completes Section A, a staff member will assess the child and complete Section B.
3. Staff member will then review with parent/guardian Sections A and B.
4. Staff member will make the decision to accept the child into the program, or not, and then Section C will be completed.
5. If child is not accepted into the program, a copy of the Assessment form will be provided to the parent. Parent and staff signatures are required before the child leaves the facility.
6. If the child is not accepted into the program, the parent will be encouraged to use the facility's phone to obtain further medical management of the child.
7. It is the parent's responsibility to obtain medical follow-up if indicated by the child's condition.
8. If a child is rejected by the program, the child may not be accepted for the same illness without a physician's referral.
9. If the child is accepted into the program, a progress report will be initiated immediately.
10. Original assessment form will be placed in child's file and kept for an indefinite period of time.

POKIE DAYS CHILD CARE PROGRAM

ASSESSMENT FORM

Date:_____ Time:_____

Child's Name:_____Age_____

Parent's Name:_____

Referral from Physician:_____Yes _____No (Dr._____)

****

SECTION A (To be completed by parent)

Specific Complaints (Describe: Temperature, diarrhea, trouble breathing, vomiting, decrease in appetite, when last voided, medications given, etc):

_____

_____

_____

****

SECTION B (To be completed by staff member at center)

(1) Level of Activity:_____alert_____sleepy_____lethargic_____hyperactive

(2) Skin Rash?____No_____Yes Where_____
Sores____No_____Yes Where_____
Turgor_____Good_____Poor

(3) Eyes Discharge_____No_____Yes
Tears ____No_____Yes Red _____No_____Yes

(4) Ears Drainage _____No_____Yes Lobe Redness _____No_____Yes

(5) Nose Runny_____No_____Yes (Color_____)
Congested _____No_____Yes

(6) Mouth Membranes:_____Moist_____Tacky_____Dry
Sores____No_____Yes Gums Bleeding_____No_____Yes

(7) Trouble Breathing_____No_____Yes

(8) Temperature_____(__Rectal __Oral) Respiratory Rate_____

(9) Diarrhea _____No_____Yes (10) Emesis _____No_____Yes

****

SECTION C

(1) Child accepted to Program:_____No_____Yes

(2) Referred to own physician for further medical management at this time. (Dr._____)

Copy of Assessment Form given to parent? _____No_____Yes
Please see additional comments on back.

_____ _____
(Parent/Guardian Signature) (Staff's Signature)

ADDITIONAL COMMENTS:

PROGRESS REPORT

PURPOSE: To establish guidelines to insure the documentation of a child's progress (as noted on report) while attending the program.

GUIDELINES: To provide the program and the child's parent with an ongoing record of the child's progress for the day of acceptance.

1. The Progress Report will be initiated by a staff member immediately upon the child's acceptance to the Program for that day.

2. A Progress Report will be valid only for the day of acceptance.

3. The Progress Report will be maintained in a timely manner throughout the child's stay in the Program.

4. If it becomes necessary to add further information for updating progress report, it will be noted as a late entry.

5. The day's Progress Report will be reviewed with the child's parent upon the end of the stay.

6. Copies of the Assessment Form and the Progress Report will be provided to the parent, after both the parent and the staff member have signed each form.

7. Original Progress Report will be placed in the child's file and kept for an indefinite period of time.

Pokie Days Child Care Program For Mildly Ill Children
Sarasota Vocational Center/Beneva Christian Church
Barbara Alice Davis RN/Nancy Lee Tolsma RN
Effective Date April 1987

POKIE DAYS CHILD CARE PROGRAM

PROGRESS REPORT

DATE_____

Child's Name_____ Age_____

Parent's Instructions for Today:_____

_____

_____

_____

****

NAPS

TIME	TO	TIME
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

FEEDING

	TIME	TYPE	AMOUNT
(1)			
(2)			
(3)			
(4)			
(5)			

VITAL SIGNS

TIME AND READING:

(1)_____
(2)_____
(3)_____
(4)_____

CHILD'S COMPLAINTS

TIME AND COMPLAINT:

(1) _____
(2) _____
(3) _____
(4) _____

MEDICATION ADMINISTERED

NAME, AMOUNT, TIME:

_____
_____
_____
_____

ELIMINATION AND EMESIS

TIME, AMOUNT, DESCRIPTION:

(1) _____
(2) _____
(3) _____
(4) _____

Pertinent Information:_____

_____

_____

_____

****

Day's Progress reviewed with_____and following instructions given: _____

_____

_____

Left Center at_____(Time)with copy of POKIE DAYS ASSESSMENT FORM AND PROGRESS REPORT. (See additional comments on back)

Progress Report (Continued)

ADDITIONAL COMMENTS:

_____ _____

(Parent/Guardian Signature) (Staff's Signature)

Pokie Days Child Care Program For Mildly Ill Children
Sarasota Vocational Center/Beneva Christian Church
Barbara Alice Davis RN/Nancy Lee Tolsma RN
Effective Date April 1987

MEDICATION CARD

PURPOSE: To establish guidelines to insure the safety of proper authorization and administering of medication for the ill child.

GUIDELINES: To provide a current individualized record of medications that each child will be given while at the program.

1. Medication card must be completed in full by parent and signed at time of acceptance into the Pokie Days Program.

2. Medications are to be checked to see they are in the original bottle and labeled with name of the prescribing physician, child's name, and directions for administration.

3. All medications are to be placed in RED-TOPPED medication containers in either the refrigerator or the LOCKED cabinet.

4. Pokie Days Medication Procedure is to be followed as written:

   a. Medication cards and progress sheets are to be completed as each dose is given.

   b. All medication cards will be placed in child's folder and kept in a file for one year.

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

CHILD DAY CARE LICENSING

AUTHORIZATION FOR MEDICATION

No medication shall be given by day care personnel without the signed permission of parent or guardian. Please complete this form.

Child's Name:_____

Name of Medication or Prescription Number:_____

Amount of Medication to be given:_____

Time Medication is to be given:_____

Date:_____Parent's Signature_____

Date and time medication given:_____ Amount given_____
_____ and staff _____
_____ member's _____
_____ initials: _____

HRS-CYV Form 5013, May 82 (Replaces HRS-SES Form 4085 which may be used)

RECORD OF UNUSUAL

INCIDENTS/ACCIDENTS

PURPOSE: To establish guidelines to insure the documentation of any record of unusual incidents or accidents at the facility.

GUIDELINES: To provide documentation of any unusual incidents and accidents that may occur involving a staff member, child, or visitor while at the Pokie Days Program.

1. Form should be completed as soon as safely possible.
2. Staff member completing the form will have the Program's director sign it as soon as possible.
3. Staff member completing the form will provide the parent or authorized person a copy of the completed form if a child is involved. This person will sign the bottom of the form.
4. The original form will be kept on file indefinitely.

RECORD OF UNUSUAL

INCIDENTS AND ACCIDENTS

Date:_____ Time of Incident:_____

Injured Party (Staff, Visitor, Child):_____

Witness to Incident:_____

Description of Incident:_____

_____

_____

_____

_____

_____

Parent/Guardian Notified:_____Time:_____

Physician or Health Center Notified?_____Time:_____

Name:_____

Treatment Obtained:_____

_____

_____

_____

_____

_____

_____

_____
(Signature of Person Completing Report) (Date)

_____
(Director's Signature) (Date)

_____
(Parent's/Guardian's Signature) (Date)

Pokie Days Child Care Program For Mildly Ill Children
Sarasota Vocational Center/Beneva Christian Church
Barbara Alice Davis RN/Nancy Lee Tolsma RN
Effective Date April 1987

FIRE DRILL RECORD

PURPOSE: To establish guidelines to insure the safety of the children.

GUIDELINES: To provide personal safety in case of fire to staff, children, and visitors at the Pokie Days Program, a Fire Drill will be practiced once a month, and as indicated in change of daily census.

1. Fire Drill Record will be posted in a conspicuous location.

2. Fire Evacuation Maps will be posted in each room of the center.

3. Fire Drill Records will be maintained and kept on file for a period of one year.

CHILD DAY CARE
FIRE DRILL RECORD

NAME OF FACILITY: _____

DATE	TIME OF DAY	NUMBER PARTICIPATING		TIME TO CLEAR	COMMENTS AND INITIALS
		ADULTS	CHILDREN		

INSTRUCTIONS: Each monthly fire drill must be recorded above and this form shall be posted in a conspicuous place in the child care facility.

HRS–CYF Form 5014, May 82 (Replaces HRS–SES Form 4087 which may be used)

PERSONNEL RECORD

PURPOSE: To establish guidelines to insure the safety of the staff members while they are at the facility and to document needed information on each staff member.

GUIDELINES: To provide the Pokie Days Program with a data basis and emergency information on all staff members.

1. Individual staff members will complete all of page one.

2. The Pamphlet "Child Abuse and Neglect in Florida, A Guide for Professionals," will be given to each staff member. The staff member will be required to read the pamphlet and then will sign a statement verifying such.

3. Each staff member will receive a copy of the Program's Disciplinary Philosophy.

4. Each employee will sign the bottom of page one.

5. Page two will be completed by the Director as each staff member supplies the required material:

   a. Medical exam for file (Required every 2 yrs.)
   b. TB screening (Annual requirement)
   c. Current First Aid Training
   d. Current Food Service Training
   e. Record of employers for past two years
   f. Three character references
   g. Local criminal record check
   h. Abuse registry background
   i. Good moral character affidavit
   j. Fingerprints submitted

PERSONNEL RECORD

PLEASE PRINT COMPLETE ENTIRE RECORD

Full Name: _____

Home Address: _____
(Number) (Street Name) (City) (Zip)

Home Telephone Number: _____ Date of Employment _____
(Mo./Date/Yr)

Social Security # _____

****

Person(s) to Contact in Case of an Emergency:

	Name	Address	Telephone #
(1)	_____	_____	_____
(2)	_____	_____	_____

I give Pokie Days permission to consult the physician noted below (or health resource) in case of an emergency, if the person(s) above cannot be reached.

Physician's Name: _____

Telephone Number: _____

Preferred Hospital: _____

****

CHILD ABUSE AND NEGLECT TRAINING:

This statement is to verify that on _____ _____
(date) (name of employee)

read the Child Abuse Pamphlet,
"CHILD ABUSE AND NEGLECT IN FLORIDA, A GUIDE FOR PROFESSIONALS"

****

DISCIPLINARY PRACTICES USED BY THE CHILD CARE FACILITY:

I am in receipt of a copy of the Facility's Disciplinary Procedure and agree to abide by the Program's Policy.

_____ _____
(Employee's Signature) (Date)

_____ _____
(Director's Signature) (Date)

Pokie Days Child Care Program for Mildly Ill Children
Sarasota Vocational Center/Beneva Christian CHurch
Barbara Alice Davis RN/Nancy Lee Tolsma RN
Effective April 1987

(To be completed by the Director, and kept with the Employee's Personnel Record)

SUMMARY OF ATTACHED PERSONNEL RECORD

Date of Last Physical Exam: _____

Date of Last TB Screening: _____

Date of Last Chest X-Ray (if applicable): _____

Date of First Aid Training: _____

Date of Food Service Training: _____

Previous Employers for Past Two Years: _____

Three Character References on File: _____

Local Criminal Record Check: _____

Abuse Registry Background: _____

Good Moral Character Affidavit: _____

Fingerprints Submitted: _____

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

ATTENDANCE RECORD

PURPOSE: To establish guidelines for the maintenance of a daily record of children and parents being served by the Pokie Days Program.

GUIDELINES: To provide the Pokie Days Program with a up-to-date data basis of the families being served and the type of assistance given.

1. The Program Attendance Record will be filled out by the staff each day.

2. Children admitted to the Program will be listed.

3. Children not accepted to the Program and referred to other health care providers will be included with a notation made under the disposition column.

4. Calls to the Program will be documented on the attendance record with a notation in the disposition column stating what information was provided to the parent.

5. The Attendance Record will be kept on file with the Pokie Days Program indefinitely.

ATTENDANCE RECORD

DATE	NAME	AGE	DIAGNOSIS	DISPOSITION

POKIE DAYS CHILD CARE CENTER
For Mildly Ill Children

APPENDIX B

A. WHY HAS A MILDLY-ILL CHILD CENTER BEEN ESTABLISHED?

PURPOSE: Even if every precaution is taken in the home and child care center to protect children's health, illness will still occur. Although children who are ill are better off at home, under certain situations adequate care can be given to an ill child in a special care center. The POKIE DAYS CHILD CARE CENTER is equipped to care for your child when he or she becomes ill so that you may continue to go to school/work. A physician's referral may be needed at times for acceptance.

B. WHO CAN ATTEND THE POKIE DAYS CHILD CARE CENTER?

Children who are infants up through children who are in the 5th grade may attend the center for the mildly-ill children.

TYPES OF ILLNESS: The Center will care for your child when he or she is mildly ill. If your child is sniffling, tired, has a sore throat but is able to swallow, then you can bring the child to the Center. If your physician advises you to keep your child at home because of a fever over 101, diarrhea, rash, vomiting, trouble breathing, oozing sores or pain, then a referral from a physician will be needed for your child to attend the Center. NO CHILD WITH A FEVER OVER 101 will be allowed at the Center.

C. WHAT DO I HAVE TO PAY FOR THIS EXCELLENT SERVICE?

FEE: You will not be billed for this service. This service is being provided free through a federal grant solicited by the Sarasota Vocational Center.

D. WHERE CAN I BRING MY CHILD WHEN HE OR SHE CANNOT GO TO THE REGULAR DAY CARE CENTER OR SCHOOL?

LOCATION: The Center is located at the corner of Beneva and Proctor Roads in the Beneva Christian Church. Pokie Days Child Care Center is just across the street from the Sarasota Vocational Center. The Program is also being sponsored by the Sarasota Vocational Center.

HOURS: 7:30 a.m. to 3:00 p.m.

TELEPHONE NUMBER: 924-8713

ATTENDING PEDIATRIC NURSE: Barbara Alice Davis, R.N./BSN

E. WHAT WILL HAPPEN WHEN I ARRIVE AT THE POKIE DAYS CHILD CARE CENTER WITH MY CHILD?

ACCEPTANCE PROCEDURES: When you arrive at the center, the nurse will:

1. Review the referral from your physician if you have one.
2. Check to determine if your child can stay at the Center.
3. Complete an Assessment/Information form for the day.
4. Review your original registration form to update any information that is needed.
5. Complete a medication card if needed.

IMPORTANT NOTE: ALL CHILDREN MUST BE WALKED INTO THE POKIE DAYS CHILD CARE CENTER BY AN ACCOMPANYING ADULT.

F. WHAT WILL HAPPEN IF MY CHILD'S ILLNESS BECOME WORSE?

If your child's illness becomes more severe, you will be called to take the child home and/or to a physician for follow-up medical management.

G. WHO WILL CARE FOR MY CHILD AT THE POKIE DAYS CHILD CARE CENTER?

The care of the children will be under the direction of a pediatric nurse. In addition, a medical physician will be on call for emergencies.

H. WHAT SHOULD I BRING TO THE POKIE DAYS CHILD CARE CENTER?

HOME-BROUGHT-ITEMS: Before leaving the house to bring your child to the Pokie Days Child Care Center, go over this checklist of things to bring:

1. Prescription Medicine: _____
   (must be in original container, and must have: name of child, name of physician, and name of medication, with directions.)

2. Over the Counter-Medicine: _____
   (must be in original container with original label stating dosage directions.)

3. Change of clothing:
   1 set if child is over 5 years of age _____
   2 sets if child is over 3 years of age _____
   3 sets if child under 3 years of age _____

4. Diapers--supply for the day, minimum 6 _____

5. Food for lunch _____
   Keep it light and nutritious, but something your child likes. Food will be warmed, if necessary.

6. Your child's favorite blanket and/or sleeping doll (to make your child feel more secure.) _____

7. If school-aged, homework assigned from school. _____

I. WHAT ABOUT INFANTS? DON'T THEY NEED SPECIAL CARE?

SPECIAL INFANT CARE: Individual cribs will be available for each infant. Safe, interesting toys will be available for the infant to play with when awake. Each infant will be fed, individually, the food you bring from home. Each infant will be bathed, diapered and fed as soon, and as often, as needed.

J. WHAT WILL MY CHILD BE DOING AT THE POKIE DAYS CHILD CARE CENTER?

AGENDA: Upon arrival, you will decide whether your child needs to go to bed, or can stay up. If the child is bedridden, he or she will be sleeping, or engaged in a quiet, restful activity such as reading, or listening to child-oriented tapes or videos. If the child is able to be out of bed, he or she will be able to be more actively busy doing arts and crafts, puzzles, games, and homework assigned from school. Please do not have your child bring any toys from home. Outdoor play will be provided, when possible.

FOOD: Your child will receive 2 nutritious snacks during the day. Juice and water will be available throughout the day. Your child will have the food you bring from home for lunch.

OTHER CHILDREN: The Pokie Days Child Center will only care for 5 children at a time.

K. DISCIPLINE

1. Children will not be subjected to discipline which is severe, humiliating, or frightening.
2. Discipline will not be associated with food, rest or toileting.
3. Spanking or any other form of physical punishment will not be used in the center.
4. Parents will be given a copy of the Center's Discipline philosophy at the time of registration along with a copy of the Center's Handbook.
5. Staff members will answer any questions the parents have.